

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011775

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1947

FILED APR 12 1963

1. PLACE OF DEATH
a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
.22 yrs.

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2718 Forest

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2718 Forest

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

JAMES

EDWARD

MCQUEEN

4. DATE OF DEATH

3-25-63

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-8-1904

9. AGE (last birthday)
58 yrs

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Service Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Carlise, Arkansas

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John McQueen

13b. MOTHER'S MAIDEN NAME

Lida Gale

14. NAME OF HUSBAND OR WIFE

Addie McQueen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Addie McQueen

2718 Forest

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction
Hypertension

INTERVAL BETWEEN ONSET AND DEATH

1 day
3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Arteriosclerotic heart disease

3-5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-26-62 to 3-24-63 and last saw her alive on 3-5-63
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard E. Spence M.D.

22b. ADDRESS

2628 Frost KCMO

22c. DATE SIGNED

3/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-29-63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Ft. Leavenworth, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

3-28-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Richard E. Spence Medical Certification

DATE AMENDED

VS 300
Rev. 4/59

1

2 428

3

4 2

5 1

6

7 1

8 0

9 4200

10

11

12 90-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.